

What I Have Learned As a Mental Health Court Judge: And it Wasn't What I Expected

April 2004

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This is the twenty-second article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with mentally ill offenders in the criminal justice system. Judge Mattingly is a Judge on the Hamilton County Mental Health Court. She highlights the success of their one-year-old program and some interesting lessons she has learned along the journey.

As a Municipal Court Judge in Hamilton County, Ohio for more than eight years, I had often dealt with mentally ill defendants. My interaction had generally been at arm's length and ended with a referral to the Mentally Disordered Offender (MDO) Unit of the Probation Department. So when I agreed just over a year ago to be one of two judges in Hamilton County to preside over a Mental Health Court docket, I didn't know what I would actually have to do.

What I did know from participating in the two-year collaborative process that created the Hamilton County Mental Health Court was that a more intense dialogue with mentally ill defendants would be required. With some trepidation, I plunged into the docket because I had personally observed the intense needs of mentally ill defendants.

The first thing I found was that, like most other such programs, the flood of defendants we all anticipated did not occur. Some did not have the required mental health diagnosis of schizophrenia, schizoaffective disorder, bi-polar or major depression. Others were excluded due to violent histories; violent charges

were considered on a case-by-case basis. While our program offered mentally ill defendants the best, most comprehensive mental health services in Hamilton County, one of two eligible defendants elected to forego the program in favor of taking his chances with standard probation or just serving some days in jail. As a result, only 18 of 37 eligible defendants interviewed in arraignment this year agreed to participate. Virtually all had issues with substance abuse in addition to severe mental illness.

I have come to believe that the relatively small numbers on our docket reflect the very real determination and courage it takes for mentally ill offenders to commit to the Mental Health Court. Like alcoholism, success in dealing with severe mental illness requires the defendant to do the often grueling and difficult work of facing personal demons. Some are simply not ready for that kind of effort and opt for what they view as the easier short-term option.

Those who actually come into the Mental Health Court pursue an intense treatment plan, beginning in most cases with a residential placement. They report to court to discuss their progress every 2-4 weeks, depending on the situation. During these conversations, I congratulate the defendants on their progress. We discuss the problems they have had and work to resolve issues when my unique position in the process may be of assistance. I have grown to know these defendants in a way that is not possible in my general Municipal Court docket. I can actually see visible progress and improvements in personal appearance and demeanor as medication starts working. I have heard about newly acquired pet guinea pigs, struggles with decisions as to whether to

purchase a big screen television when there is no food in the house, and how part-time jobs or visits with children are progressing. I have often thought that my skills as a parent of four children are more useful to me in these sessions than anything I ever learned in law school.

Surprisingly, the issues that have loomed largest in our first year have not been the ones I expected. Instead, we have spent more time dealing with weight gains occasioned by starchy, institutional food and lack of exercise; the needs of the children of defendants; how to help a defendant know the treatment team is at her door when the television is on; and what to do with boyfriends who interfere and defendants who depend too much on the treatment team for transportation. The need to formulate a treatment plan taking into account individual needs and personalities has also required considerable effort.

I have often heard Mental Health Courts described as having the advantage of the “carrot-and-stick” approach. What I have actually found is that “buy-in” by the defendant is critical. For that reason, the alleged “stick” of jail or sanctions is not nearly as large as I had originally thought. It is true that for the short term, I can compel a defendant to participate in a specific kind of counseling that he or she dislikes. I am far more interested, though, in working to provide counseling and support that the defendant views as useful so that he or she will continue to participate in these services after direct involvement with the Mental Health Court ends.

When Mental Health Court defendants do experience problems, illegal drug use is generally involved. Like other criminal defendants with substance

abuse issues, Mental Health Court defendants often have to come to the harsh realization that to avoid relapse with its concomitant hospitalizations and stays in jail, they will have to sever long-term relationships and avoid illegal drugs. It is a difficult choice.

Problems frequently occur when a defendant's level of personal responsibility increases. The challenge is to assess, for example, whether a part-time job or educational class bolsters recovery or creates such stress that chances of recovery are undermined. Questions such as whether a defendant is ready to move into an apartment or to regain custody of the children are always difficult. As their responsibilities increase, defendants need to manage their lives without the crutch of drugs or alcohol that cushioned difficulties before. These transitions require special attention and care.

Suzie, a composite, is typical. She was in and out of the mental health system for ten years but graduated from high school and intermittently held jobs. She was doing well in our Court and was living in her own apartment when her brother visited. Both ended up using drugs again and Suzie had to be hospitalized in the psychiatric emergency unit for a week as a result. Suzie was remorseful and she started again in residential treatment for a while. Was her hospitalization a failure? The psychiatric team at the hospital didn't think so. They were gratified that Suzie hadn't been admitted to the hospital for more than six months! Will Suzie make the same choice next time or will she decide that the price of relating to her brother is too high? Only time will tell.

The fact is that, in Mental Health Court, success is most often found in baby steps and not in dramatic, earthshaking changes. Success may be helping one defendant to schedule her own medical appointments and get there on the bus. It may be getting organized enough to take a computer class or volunteer at her child's school for a few hours a week. I have learned that each step toward a stable life is important, both for society at large and for the individual.

After one year, I am pleased that most of the defendants who are participating in the Mental Health docket have not been hospitalized. Almost all live in their own apartments and none has committed any additional criminal acts.

As our first graduation approaches, I have learned that what defendants in Mental Health Court want most is to be safe, to be free from jail and to feel as well as possible. They are passionate about wanting to be able to parent their children and handle their own lives with dignity and peace. Like everyone else, they want to have a good life, which many have not experienced for a long time.

I am honored to have been able to share their hard-won achievements and can only say that I look forward to continuing the journey.

Note: For more information on mental health dockets, please contact Melissa Knopp, Program Manager, Specialized Dockets, Supreme Court of Ohio, at (614) 387-9427.